



## City of Rocklin

Planning Division

3970 Rocklin Road

Rocklin, California 95677

Phone (916) 625-5160 FAX (916) 625-5195

## SPECIAL EVENT USE PERMIT APPLICATION

**Please allow 4-5 weeks for processing an Administrative Special Event Permit, and longer for a permit which requires City Council approval.**

### **Pre-Application Meeting Requirements:**

*It is required that a pre-application meeting be held with a Staff Planner prior to officially submitting most applications for planning entitlements and permits. The purpose of the pre-application meeting is to expedite application processing by enabling staff to work with the applicant to assure that the officially submitted application materials are in the proper format and that the applicant understands the City of Rocklin's goals, policies and ordinances that may affect the proposed project.*

### For Office Purposes Only

#### **(Check One):**

\_\_\_\_\_ Administrative Review \_\_\_\_\_ City Council Review \_\_\_\_\_ 600' radius is attached

### **Proposal/Request** *(Briefly Describe Project) (Use additional paper if necessary)*

### **Date(s) for the Special Event:**

<u>Location and Address, City, State, Zip Code</u>	<u>Assessor's Parcel Number(s)</u>

<u>Property Size:</u>	<u>Existing Access:</u>

**Utilities and Services**  
*(Please indicate availability and source)*

Sanitary Provisions	Water
Electricity	Telephone

*Please attach a site plan drawn to scale indicating all structures, permanent or temporary, including covered areas, driveways, parking, access, surrounding properties, lot lines with dimensions, sign locations, and any other relevant information.*

Name of Property Owner:                      Address, City, State, Zip                      Phone and Fax Nos.

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Name of Applicant: *(If different than owner)*                      Address, City, State, Zip                      Phone and Fax Nos.

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**Signatures Authorizing Application:** *(Provide owner's authorization letter if signature is other than the property owner.)*

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Owner:    Address, City, State, Zip    Phone and Fax Nos.

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Applicant:    Address, City, State, Zip    Phone and Fax Nos.

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## Special Event Permit

1. Please provide a site plan where the special event is to take place. The map should be drawn to scale showing lot lines and dimensions, ingress and egress points, improved and unimproved areas, grading plans, parking, traffic control locations and a description and the location of all signs.

### Questionnaire

1. How many parking stalls are located on the site?\_\_\_\_\_
2. How many parking stalls will be occupied by the special event?\_\_\_\_\_
3. How will the parking stalls used during the event be "marked" during the event? (i.e. cones, roped off, etc.)\_\_\_\_\_  
\_\_\_\_\_
4. Will persons not attending the special event be able to circulate around the event without disturbing the event?\_\_\_\_\_  
\_\_\_\_\_  
If so, how?\_\_\_\_\_
5. Are any other events planned for the site at the same time?\_\_\_\_\_  
If so, what are they and when?\_\_\_\_\_
6. Does the special event create any dust, noise, odor or any other potential nuisance?\_\_\_\_\_  
\_\_\_\_\_
7. How is pedestrian access controlled?\_\_\_\_\_  
\_\_\_\_\_
8. Will on-site security be provided? If yes, how will it be provided?  
\_\_\_\_\_  
\_\_\_\_\_
9. Will any on-site emergency personnel be available? If yes, what provisions are being made?\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Will any special lighting be necessary? If yes, what type? \_\_\_\_\_  
\_\_\_\_\_
11. How many people are expected to attend the special event? How many at any given time? \_\_\_\_\_
12. How many restrooms will be provided and where? \_\_\_\_\_  
\_\_\_\_\_
13. How is clean up after the event provided? \_\_\_\_\_  
\_\_\_\_\_
14. What are the proposed hours of the event? \_\_\_\_\_
15. How many signs will be necessary for the event and where will they be located?  
\_\_\_\_\_  
\_\_\_\_\_

The following information must be submitted to make a complete application for a special event permit:

	A completed application form.
	A written description of the proposed special event
	A site plan (as described in this application form).
	A completed agent authorization for agreeing to the special event.
	The fee as specified in the current City Council fee resolution.
	The names and addresses of property owners as shown on the last county equalized assessor's role for properties within 600' of the special event site typed onto mailing labels and including a map depicting the 600 foot radius.
	A completed questionnaire attached to the application form.

# AGENT AUTHORIZATION FORM

Property owners desiring to authorize individuals to represent them in conjunction with any application or matter before the City shall provide written authorization on this form for each individual or firm authorized, and shall specifically note any restrictions upon the authorized person.

Name of authorized person or firm: \_\_\_\_\_

Address: \_\_\_\_\_

(please print or type) \_\_\_\_\_

The above named person/firm is authorized as my:

(        ) Agent  
(        ) Buyer  
(        ) Lessee

to request: \_\_\_\_\_  
(Use Permit, variance, reclassification, tentative map, etc.)

on the following parcel(s) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Assessor's Parcel Numbers)

I do further authorize him as follows:

\_\_\_\_\_  
(Owner's Signature and Date)

\_\_\_\_\_  
(Please print or type name)

File any and all papers in conjunction with the  
aforementioned request including signing the  
application.

\_\_\_\_\_  
(Owner's Signature and Date) Speak on behalf of and represent the owner at any Staff meeting and/or public hearing.

\_\_\_\_\_  
(Please print or type name)

\_\_\_\_\_  
(Owner's Signature and Date)

\_\_\_\_\_  
(Please print or type name)

Sign any and all papers in my stead, with the exception of the application form.

The duration and validity of this authorization shall be as noted below:

Unrestricted: \_\_\_\_\_ Valid until: \_\_\_\_\_

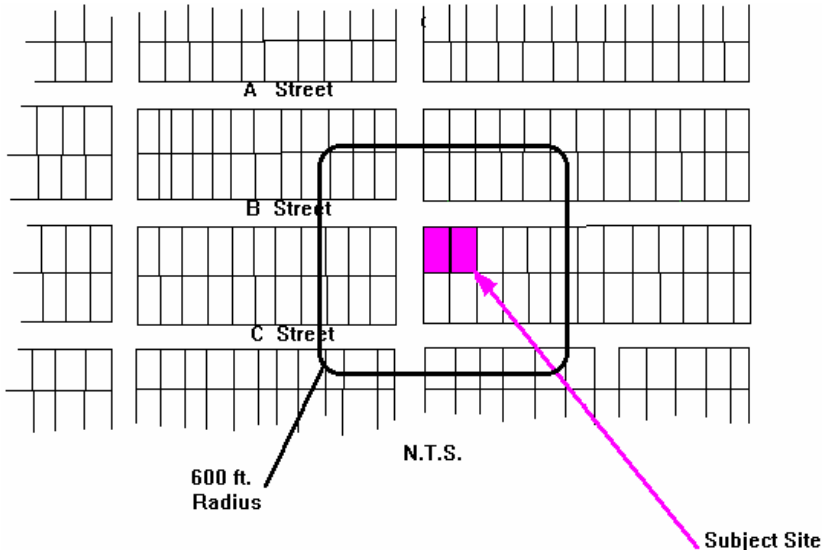
(Owner's Signature and Date)

(Please print or type name)

## MAILING LABELS FOR PUBLIC HEARING NOTICE

All applications require noticing property owners within a 600 foot radius of the project site. For noticing purposes, please submit the following three items with your application:

1. **RADIUS MAP.** The radius map must show the project site, properties within 600', and the assessor parcel numbers (Book, Page, and Parcel), similar to the following example:



2. **TYPED LIST OF OWNERS.** A separate list of the property owners within the 600' radius, the applicant, and owner(s) of the project site. List shall include addresses, and parcel numbers similar to the following example:

Betty Riaz	1234 Granite Drive, Rocklin CA 95677	045-230-010
Tom and Claire Dometty	111 Granite Drive, Rocklin, CA 95677	045-230-010
John Jones Revocable Trust	555 North Z Street, Omaha NB. 64532	045-230-012

3. **MAILING LABELS.** Please include mailing labels for the 600' radius property ownership list per the following examples: Be sure to include the applicant, engineer, and other representatives of the proponent. **Standard label sheets (Avery 5160) are mandatory for duplication purposes.**

### Property Owner

### Condense multiple properties under one ownership onto one label as follows:

Parcel Number: <b>019-045-002</b>	Parcel No: <b>032-045-002 - 005, 007</b>
Name: Bob and Sarah Smith	Name: Bob and Sarah Smith
Address: 000 N. Tenth Street	Address: 000 N. Tenth Street
City/State/Zip: Rocklin, CA 95677	City/State/Zip: Rocklin, CA 95677